BANNER & WITCOFF

## RECEIVED CENTRAL FAX CENTER

Ø 001/021

DEC 0 5 2005

10 SOUTH WACKER DILIVE SUITE 3000

CHICAGO, ILLINOIS 60:306 TEL: (312) 463-5000 FAX: (312) 463-5001

www.bannerwitcoff.com

BANNER & WITCOFF, LTD.

|                     |   | WWW.Dannelwitcom.                           |   |
|---------------------|---|---|---|
|                     | FACSIMIL  | E TRANSMITTAL SHEET                         |   |
| TO:                 |   | FROM:                                       |   |
| Mail Stop AF        | <b>:</b>  | Shawn P. Gorman                             |   |
| COMPANY:            |   | DATE:                                       |   |
| U.S.P.T.O.          |   | December 5, 2005                            |   |
| FAX NO.:            |   | TOTAL NO. OF PAGES: (including cover she et | ) |
| (571) 273-83        | 300   | 21  |   |
| YOUR REFERENCE NO.: |   | OUR REFERENCE (C/M) NO.:                    |   |
|                     |   | 005288.00021                                | : |
| RE:                 | U.S. Application Serial No. 10/0 Filed: December 21, 2001 Entitled: Cache on Demand Group Art Unit: 2157 Confirmation No.: 4505 Examiner: Emmanuel Coffy Attorney Ref. 005288.00021 | 37,297                                      | ! |

If you do not receive all page(s) or have any problems receiving this transmission, please cal:

NAME: PHONE:
Mary Beth Carlson (312) 463-5582

COMMENTS:

Important/Confidential: This message is intended only for the use of the individual or entity to whom it is addressed. This message contains information from the law firm of Banner & Witcoff, Ltd. which may be privileged, confidential or exemp from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any disc emination, distribution, retention, archiving, or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us immediately at our telephone number listed above. We will be happy to arrange for the return of this missage to our offices at no cost to you.

CHICAGO

WASHINGTON, D.C.

BOSTON

PORTLAND, OR

12/05/2005 16:46 FAX 13124635001

PT 3/S8/21 (0)-04)

Approved for use through 07/31 2008, 3/MB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT • F COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a vidid OM is control number.

|  | Application Number               | er   | 10/037,297                       | BECEIVE                                       | <b>6</b> :                      |            |
|--|----------------------------------|--|----------------------------------|---|---------------------------------|------------|
| TRANSMITTAL  | Filing Date                      |  | December 21, 200 ENTRAL FAX CENT |   |                                 |            |
| FORM   | First Named Inver                | ntor                                       |                                  | DEC 0 5 20                                    |                                 |            |
|  | Art Unit                         | Art Unit 2157                              |                                  |   | 103                             |            |
| (to be used for all correspondence after a                                     | leidat filleel                   | Examiner Name                              | aminer Name Emmanuel Coffy       |   |                                 | 7          |
| Total Number of Pages In This Submiss  |                                  | Attorney Docket N                          | lumber                           | 005288.00021                                  |                                 | フ          |
|  | ENGLO                            | SURES (check all thi                       | et apply)                        |   |                                 |            |
| Fee Transmittal Form   | ☐ Drawing(s                      |  |                                  | After Allowance Comm                          | nu icetion to TC                | 汀          |
| Fee Attached   | Licensing                        | -related Papers                            | }                                | Appeal Communication                          |                                 |            |
| Amendment / Reply  | Petition                         |  |                                  | Appeal Communication (Appeal Notice, Brief, R |                                 | 1          |
| After Final  |                                  | Convert to a sal Application               |                                  | Proprietary Information                       | n '.                            |            |
| Affidevits/declaration(a)  | Power of Change of               | Attorney, Revocation of Correspondence Add | dre <b>ss</b>                    | Status Letter                                 | 1                               |            |
| Extension of Time Request  | Terminal Discialmer              |  |                                  | Other Enclosure(s) (please identify below):   |                                 |            |
| _  | Request for Refund               |  |                                  | Fax Cover Sheet                               |                                 |            |
| Express Abandonment Request  | CD, Number of CD(s)              |  |                                  |   | ;                               | - {        |
| ☐ Information Disclosure Statement   | ☐ Lar                            | ndscape Table on CD                        |                                  |   |                                 |            |
| Certified Copy of Priority   | Remarks                          | -1   |                                  | tharge any deficiencles (r                    | n r woment Ar                   |            |
| Document(s)  Reply to Missing Parts/   | credit any ov                    | ı t ayıngırı oı                            | 1                                |   |                                 |            |
| Incomplete Application   |                                  |  |                                  |   |                                 |            |
| Reply to Missing Perts under 37 CFR1.52 or 1.53                                |                                  |  |                                  |   |                                 |            |
| SIGI   | NATURE OF                        | APPLICANT, ATTO                            | RNEY, OF                         | RAGENT  |                                 |            |
| Firm   | Banner &                         |  |                                  |   |                                 |            |
| Signature  | SI                               |  |                                  |   |                                 |            |
| Printed Name   | Shawn P. Gorman                  |  |                                  |   |                                 |            |
| Date   | December 5, 2005 Reg. No.        |  |                                  | 56,197  |                                 |            |
| <del></del>  | CERTIFICA                        | TÉ OF TRANSMIS                             | SION/MAIL                        | JNG   |                                 |            |
| I have by coulify that this paragraphed  | ce is being fac                  | e transmitted to t                         | the USPTO                        | or deposited with the Uni                     | te: States Post<br>F O. Box 145 | iel<br>iO, |
| Service with sufficient postage as fir<br>Alexandria, VA 22313-1450 on the day | st class mail is<br>shown below, | in an envelope podre                       |                                  |   |                                 |            |
| Service with sufficient postage as fir   | et dass mail is shown below.     | Mum an envelope addre                      |                                  | •   |                                 |            |

This collection of information is required by 37 CFR 1.5. The information in required to obtain or retain a benefit by the public which is to rile (en ) by the USPTO to process) an application. Confidentiality is governed by S5 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information office; U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patente, F.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.

## RECEIVED CENTRAL FAX CENTER

Ø 003/021

DEC 0 5 2005
Pt 3/SB/21 (ds-04)
Approved for use through 07/31/2006. JMB 0851/0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT. IF COMMERCE Under the Paperwork Reduction Act of 1995, no persona are required to respond to a collection of information unless it displays a valid ON 3 control number.

| TRANSI  | Application Numb         | er   | 10/037,2  | 97                   |                             |  |                                       |               |
|---|--------------------------|--|---|----------------------|-----------------------------|--|---------------------------------------|---------------|
| TRANSI<br>FOR   |                          |  | Filing Date                                     |                      | Decembe                     |  | :                                     |               |
| FOR   | (IM)                     | •  | First Named Inve                                | ntor                 | Tao Wu                      |  |                                       |               |
|   |                          |  | Art Unit  |                      | 2157                        |  |                                       | . 1           |
| (to be used for all correspon   | ndence after initial fil | Tina)  | Examiner Name                                   | -                    | Emmanu                      | el Coffy   |                                       |               |
| Total Number of Pages In Th   |                          |  | Attorney Docket N                               | lumber               | 005288.0                    | 0021   |                                       | $\Box$        |
|   |                          | ENCLO  | SURES (check all th                             | at apply)            |                             |  |                                       |               |
| Fee Transmittal Form  |                          | Drawing(s  |   |                      | After A                     | llowance Commu   | ication t                             | отс           |
| Fee Attached  |                          | Licensing-   | related Papers                                  |                      |                             | Communication t  |                                       | į             |
| Amendment / Reply   |                          | Petition   | ı   |                      | Appeal                      | eals and interfere<br>Communication (<br>Notice, Brief, Repi | , TC                                  |               |
| After Final   |                          |  | Convert to a<br>Application                     |                      |                             | tary information   | •                                     |               |
| ☐ Affidavlts/declaration  | n(a)                     | Power of Attorney, Revocation Change of Correspondence Address                 |   |                      |                             | Letter   |                                       | !             |
| Extension of Time Requ  | est 🔲 1                  | Terminal Disclalmer  |   |                      | Other I                     | Enclosure(s)<br>Identify below:                              |                                       |               |
| Express Abandonment F   | Request                  | Request for Refund CD, Number of CD(s)   |   |                      | Fax Cover                   | Sheet  |                                       | :             |
| Information Disclosure S  |                          | ☐ Landscape Table on CD  |   |                      |                             |  |                                       | J             |
| Certified Copy of Priority Document(6)  |                          | Remarks The Commissioner is hereby authorized to charge any deficiencies in pa |   |                      |                             |  | · · · · · · · · · · · · · · · · · · · |               |
| Reply to Missing Perts/   | cred                     | It any ov  | erpayment to our De                             | posit Acc            | ount 19-0733                | ,  | , Aurout c                            | ^             |
| Incomplete Application  |                          |  |   |                      |                             |  |                                       |               |
| Raply to Missing Pa<br>under 37 CFR1.52 o   |                          |  |   |                      |                             |  |                                       | .             |
|   | OICHATU                  | DE OF A  |   |                      |                             |  |                                       | $\dashv$      |
| Firm  |                          |  | PPLICANT, ATTO                                  | RNET, O              | AGENT                       |  |                                       | Щ.            |
| Banne   |                          |  | ner & Witcoff, Ltd.                             |                      |                             |  |                                       |               |
| Signature   |                          | 81 4   |   |                      |                             |  |                                       |               |
| Printed Name  | Shawn P. Gorman          |  |   |                      |                             |  |                                       |               |
| Date  | 5, 2005                  | Reg.<br>No.  | 56,197  |                      |                             |  |                                       |               |
|   | CER                      | TIFICAT  | E OF TRANSMISS                                  | ION/MAJ              | LING                        |  |                                       |               |
| I hereby certify that this con-<br>Service with sufficient posts<br>Alexandria, VA 22313-1450 c | 1018 86 first class      | s mall in  | Irnile transmitted to tr<br>an envelope address | e USPTO<br>sed to: C | or deposited<br>ommissioner | with the United for Patents, P.0                             | 3tates P                              | bstal<br>450, |
| Signature   |                          |  |   |                      |                             |  |                                       |               |
| Typed or printed name   |                          |  | Date  | December 5           | 1005                        |  |                                       |               |

This collection of information to required by 97 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and y the USPITO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, propering, and automitting the completed application form to the USPITO. The will vary depending upon the included case. Any comments of the amount of 8the you require to complete this form analytic regressions for reducing this burdon, should be sent to the Chief information Officer, J.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT GEND FEES OR COMPLETED FIRMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.

PTO/SB/17 (12-04V2)
Approved for use through 07/31/2009. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DE 'ARTIMENT OF COMMERCE

| Under the Paperwork Redu  | stion Act o            | f 1995, no parac       | ons are required   | d to respon | to a collection  | of information unlea | a It disp   | lays            | valid ONIB control num                          | nber.                      |
|---|------------------------|------------------------|--------------------|-------------|------------------|----------------------|-------------|-----------------|---|----------------------------|
|   | ve on 12/0             |                        | 05 (H.R. 4818).    |             |                  | Complete i           | Know        | 77              |   | $\mathcal{L}_{\mathbf{L}}$ |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |                        |                        |                    |             | tion Number      | 10/037,297           |             |                 | HECEIVE   |                            |
| FEE TRANSMITTAL   |                        |                        |                    |             | ete              | December 21, 2001    |             |                 | ENTRAL FAX CE                                   | NTE                        |
| for   | FY:                    | 2005                   |                    | First Na    | med )nventor     | Тво Wu               |             |                 | DEC 0 5 200                                     | 15                         |
| Applicant claims sma  | l entity s             | tatus. See 37          | CFR 1.27           | Examin      | er Name          | Emmanuel Coffy       |             |                 |   |                            |
|   |                        |                        |                    | Art Unit    |                  | 2157                 |             |                 |   |                            |
| TOTAL AMOUNT OF PA  | YMENT                  | (\$) 120               |                    | Attorne     | y Docket No.     | 005288.00021         |             |                 |   |                            |
| METHOD OF PAYMEN  | T (check               | all that appl          | y)                 |             |                  |                      |             | <b>—</b>        |   |                            |
| ☐ Check ☐ Credit Car  | rd 🗆 N                 | Ioney Order            | □ None □           | Other (     | oleasa identif   | y) :                 |             |                 |   |                            |
| Deposit Account Dep   |                        |                        |                    | ,           |                  | ount Name: Bann      | er & 1      | Wit             | off, LTD.                                       | _                          |
|   |                        |                        |                    | Is hereby   | -                | (check all that app  |             |                 |   | _                          |
| Charge fe   |                        |                        | •                  | •           |                  |                      |             | /, ex :         | ept for the filing fee                          | )                          |
| Charge at   |                        |                        | nderoavments       | of fee(s)   | _                | lit any overpaymen   |             |                 |   |                            |
| Under 37  | <b>CER 1 16</b>        | 8 and 1 17             |                    |             |                  |                      |             | WIN W           | eredit exert                                    |                            |
| WARNING: Information on th<br>Information and authorization             | ts form m<br>n on PTO- | ry become pub<br>2038. | ilic. Gredit cerd  | Intomatic   | n should not b   | e included on this n | opm, rr     | -               | El AQUE CELO                                    |                            |
| FEE CALCULATION   |                        |                        |                    |             |                  | •                    |             |                 |   |                            |
| 1. BASIC FILING, SEA  | RCH, A                 | ND EXAMIN              | IATION FEE         | S           |                  |                      |             |                 |   |                            |
|   | FILING                 | G FEES                 |                    | BEARCH      |                  | EXAMINA              |             |                 |   |                            |
| Application Type  | Fee (\$                | Small Ent  Fee(\$)     |                    | Fee(\$)     | Smell Entit      | Y Fee(\$)            | mall<br>Fee |                 | Fees Paid (\$                                   | ì                          |
| Utility'  | 300                    | 150                    | -                  | 00          | 250              | 200                  | 100         |                 |   |                            |
| Design  | 200                    | 100                    | _                  | 00          | 50               | 130                  | 65          |                 | 1   | •                          |
| Plant   | 200                    | 100                    | -                  | 100         | 150              | 160                  | 80          |                 |   |                            |
| Reissuc   | 300                    | 150                    | _                  | 600         | 250              | 600                  | 300         |                 | <u>. —                                     </u> |                            |
| Provisional   | 200                    | 100                    | _                  | 0           | 0                | 0                    | 0           |                 | <u> </u>  |                            |
| 2. EXCESS CLAIM FE  | E8                     |                        |                    |             |                  |                      |             |                 | Small Entity                                    |                            |
| Fee Description   |                        |                        |                    |             |                  |                      | Ee          | e (\$           | ) <u>Fee (\$)</u>                               |                            |
| Each claim over 20 (in  |                        |                        | 0                  |             |                  |                      | _           | 50              | 25  |                            |
| Each independent claim  |                        | (including Re          | eissues)           |             |                  |                      |             | )0<br>50        | : 100<br>; 180                                  |                            |
| Multiple dependent cla<br>Total Claims                                  |                        | Claims                 | Fee(\$)            | Fee         | Paid (\$)        |                      |             |                 | le Dependent Cla                                | imş                        |
| -20 or HP   |                        | X                      |                    | = =         |                  |                      |             | Fee             |   |                            |
| HP = highest number of  | total claim:           | s paid for, if grea    | eter than 20.      |             |                  |                      | _           |                 |   |                            |
| Indep, Claims   | Extra                  | a Claime               | Fee(\$)            | Fee         | Paid (\$)        |                      |             |                 |   |                            |
| 3 or HP=  | ~~                     | x                      |                    | =           |                  |                      |             |                 | •   |                            |
| HP = highest number of  |                        | int claims peid fo     | or, if greater tha | n 3.        |                  |                      |             |                 |   |                            |
| 3. APPLICATION SIZE   |                        |                        |                    |             |                  | L. 61-3              |             |                 |   |                            |
| If the specification and d  | rawings (              | exceed 100 sh          | less of paper      | (excludin)  | s electronican   | r small entity) for  | each a      | ddit .          | anal 50   |                            |
| sheets or fraction  | thereof.               | See 35 U.S.C           | . 41(a)(1)(G)      | and 37 C    | FR 1.16(s).      | a samur carriey) tot |             | ,               |   |                            |
| Total Sheets  | Extra                  | Sheets h               | lumber of e        | ach add     | tional 50 or     | fraction thereo      | f Fe        | <del>10 (</del> | ) <u>Fee Paid (\$)</u>                          |                            |
| 100   | =                      | / 50 =                 | (                  | qu bnuor    | to a whole n     | umber) x             |             |                 | =   | -                          |
| 4. OTHER FEE(S)   |                        |                        |                    |             |                  |                      |             |                 | <u>Fees Paid (\$)</u>                           |                            |
| Non-English Specification, \$130 fee (no small entity discount)         |                        |                        |                    |             |                  |                      |             |                 | -1-   |                            |
| Other (e.g., late   | filing sur             | charge) : exte         | nsion fee          |             |                  |                      |             | <b></b> .       |   |                            |
|   |                        |                        |                    |             |                  |                      |             | =               |   |                            |
| SUBMITTED BY  | 7                      | 1.1                    |                    | -           | Registration No. |                      |             |                 | (h4n)   |                            |
| Signature   |                        |                        |                    |             | (Attorney/Agent) | 56,197               | _           | Tele            |   |                            |
| Name (Print/Type) Sh  | awn P. C               | 3orman _               |                    |             |                  |                      |             | Date            | December 5                                      | <u>, 200</u>               |

This collection of Information is required by 37 CFR 1.188. The Information is required to obtain or retain a benefit by the public which is to file (and by the US TO to process) an application. Confidencially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, any submitting the completed application form to the USPTO. This will very depending upon the individual content or of the process of the complete this form an for suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Pepartment of Commerce, P.O. Box 1450, Alexandris VA 22 113-1450, UO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Constitution of Patients, P.O. Box 1450, Alexandris, VA 22313-1450.

If you need assistance in completing this form, cell 1-800-PTO-9199 (1-800-796-9199) and select option 2.

PTO/SB/17 (12-04/2)
Approved for use through 07/31/2006, OMB 0851-0032
U.S. Patent and Tradsmark Office: U.S. DE 'ARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818),  |                                  |                   |                      | Complete If Known     |                        |  |                                   |  |  |
|---|----------------------------------|-------------------|----------------------|-----------------------|------------------------|--|-----------------------------------|--|--|
|   |                                  |                   |                      | Application Number    | 10/037,297             |  | RECEIVED                          |  |  |
| FEE TRANSMITTAL   |                                  |                   | Filing Date          | December 21, 2        | CE1                    | VTRAL FAX CENTER                             |                                   |  |  |
| for FY 2005   |                                  |                   |                      |                       | Teo Wu                 |  | DEC 0 5 2005                      |  |  |
| Applicant claims  |                                  |                   | CFR 1.27             | First Named Invento   | ×                      | <del>-</del>                                 | DEC 0 3 2003                      |  |  |
|   |                                  | 1                 | 0,11,1,2,            | Examiner Name         | Emmanuel Coff          | <u>y</u>                                     |                                   |  |  |
| TOTAL AMOUNT OF   | PAYMENT                          | (\$) 120          |                      | Art Unit              | 2157                   |  |                                   |  |  |
|   |                                  | 1.7               |                      | Attorney Docket No    | 005288.00021           |  |                                   |  |  |
| METHOD OF PAYN  |                                  |                   |                      |                       |                        |  |                                   |  |  |
| ☐ Check ☐ Credi   | t Card 🔲 M                       | loney Order       | ☐ None ☐             | Other (please iden    | tify):                 | <u>.                                    </u> | , <del></del>                     |  |  |
| Deposit Account   | Deposit Acco                     | unt Number: 1     | 9-0733               | Deposit A             | ccount Name: Ban       | ner & Wite                                   | off, LTD.                         |  |  |
| For the above   | rs-Identified de                 | posit socount     | , the Director is    | hereby authorized     | to: (check all that ap | ply)   |                                   |  |  |
| ☑ Charg   | jé feé(s) indica                 | sted below        |                      | □ c                   | harge fee(s) Indicate  | d below, exc                                 | ept for the filing fee            |  |  |
| ⊠ Charg   | e any addition                   | ial fee(s) or ur  | derpayments of       | fee(s) 🛛 C            | redit any overpayme    | nte  |                                   |  |  |
| WARNING: Information  | r 37 CFR 1.16<br>on this form me | y become publ     | lic. Credit card in  | formation should no   | of be included on this | form. Provide                                | r credit card                     |  |  |
| FEE CALCULATION   | zation on PTO-2                  | 038.              |                      |                       | <del></del>            |  | · ————                            |  |  |
|   |                                  | NO EVALUA         | ATION FEES           |                       |                        |  |                                   |  |  |
| 1. BASIC FILING,  |                                  | ND EXAMIN<br>FEES |                      | ARCH FEES             | FYAMINA                | ATION FEE                                    | : s                               |  |  |
|   |                                  | Small Ent         |                      | Small En              |                        | Small Enti                                   |                                   |  |  |
| Application Type  |                                  |                   | Fee                  |                       | Fee(\$)                | Fee(\$)                                      | Fees Paid (\$)                    |  |  |
| Utility   | 300                              | 150               | 500                  |                       | 200                    | 100  |                                   |  |  |
| Design  | 200                              | 100               | 100                  |                       | 130                    | 65   |                                   |  |  |
| Plant   | 200                              | 100               | 300                  |                       | 160                    | 80   |                                   |  |  |
| Reissue   | 300                              | 150               | 500                  | 250                   | 600                    | 300  | ·                                 |  |  |
| Provisional   | 200                              | 100               | 0                    | 0                     | 0                      | 0  |                                   |  |  |
| 2. EXCESS CLAIM   | FEES                             |                   |                      |                       |                        |  | Small Entity                      |  |  |
| Fee Description   |                                  |                   |                      |                       |                        | Fce (\$                                      | Fee (\$)                          |  |  |
| Each claim over 20  | (including Ro                    | issues)           |                      |                       |                        | 50   | 25                                |  |  |
| Each independent of Multiple dependent  | ilaum over 30 (                  | including Rei     | issues)              |                       |                        | 200  | 100                               |  |  |
| Total Claims  |                                  | Claims            | Fee(\$)              | Fee Paid (\$)         |                        | 3ió0   | 180<br><u>le Dependent Claims</u> |  |  |
| -20 or  |                                  | X                 | Tabret               | 1.00 LEIG (\$)        |                        | Fee  |                                   |  |  |
| HP = highest number   |                                  |                   | per libera 20        | -                     |                        | <u> </u>                                     | or Foo Palu (3)                   |  |  |
| Indep. Claims   |                                  | Claims            | Fee(\$)              | Fee Pald (\$)         |                        |  |                                   |  |  |
| -3 or l   |                                  | ×                 |                      |                       |                        |  |                                   |  |  |
| HP = highest number   | or of Independen                 | claims paid for   | , If greater than 3. |                       |                        |  | !                                 |  |  |
| 3. APPLICATION SIZE FEE   |                                  |                   |                      |                       |                        |  |                                   |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer                           |                                  |                   |                      |                       |                        |  |                                   |  |  |
| listings under  | 37 CFR 1.52                      | (e)), the appll   | cation size fee      | hie is \$250 (\$125 : | for small entity) for  | cach additio                                 | nal 50                            |  |  |
| sheets or frac  |                                  |                   |                      |                       |                        |  |                                   |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Pal  - 100 = /50 = (round up to a whole number) x = |                                  |                   |                      |                       |                        |  |                                   |  |  |
| 4. OTHER FEE(S)   | =                                |                   |                      |                       |                        |  |                                   |  |  |
| •   | Fees Paid (\$)                   |                   |                      |                       |                        |  |                                   |  |  |
| Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): extension fee                          |                                  |                   |                      |                       |                        |  | 120                               |  |  |
| ( S. Land Manager Ca.)  |                                  |                   |                      |                       |                        |  | . 120                             |  |  |
| SUBMITTED BY  |                                  |                   |                      |                       |                        |  |                                   |  |  |
| Signature   | 0                                | 74-               |                      | Registration No       | EB 107                 | Tale   | y <sub>10</sub> (312) 463-5000    |  |  |
|   | Shows D. C.                      |                   |                      | (Altorney/Agent       | 9 50,187               | Telepi                                       |                                   |  |  |
| Name (Print/Type)   | Shawn P. Go                      | man               |                      |                       |                        | Date   | December 5, 2005                  |  |  |

This edilection of triormation is required by 97 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USP) 3 to processly an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and a completed application form to the USPTO. Time will vary depending upon the includated case, Any comments on the annual of time you require to complete this form and/, a suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Perient and Trademark Office, U.S. Department of Commentor, P.O. Box 1450, Alexandria, VA 223: 3-1450, OOINOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Contentisationer for Patients, P.O. Box 1450, Alexandria, VA 22313-1450,

If you need assistance in complaining this form, cell 1-800-PTO-9199 (1-800-796-9199) and select option 2